

3 SM 5-1-31

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \_\_\_\_\_

Place of Birth Mammoth County Yuma No. \_\_\_\_\_ St. \_\_\_\_\_

(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Jan. 12</u> 193 <u>0</u>			
(Month) (Day) (Year)			
FULL* NAME <u>Mr. Paulino Rozas</u>		FATHER	
FULL* MAIDEN NAME <u>Mr. Eric M. Faggini</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Miguel Francisco Rozas  
(Give name in full) (Surname)

Paulino Rozas  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

492-112-965



beneath the original.